

Ronald H. Swenson

January 5, 2006

Carson City, NV

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1 Swenson 001.

2 MS. BRECKENRIDGE: I'm sorry. I see.

3 BY MR. LITOW:

4 Q. What does that refer to?

5 A. The Social Security number.

6 Q. Was that -- were those -- was the data
7 included in those fields excluded from the data you
8 produced to us or was it included?

9 A. It was included.

10 Q. Do you know if there exists as the file
11 maybe entitled like a drug file that contains the
12 prices used by Medicaid to adjudicate retail drug
13 claims?

14 A. Yes, I do. There's a file.

15 Q. Is that file available electronically?

16 A. Yes, it is.

17 MS. BRECKENRIDGE: Could you be specific
18 about the time period?

19 MR. LITOW: I'm talking about from 1991,
20 through 2003.

21 THE WITNESS: On our drug pricing file for
22 AWP we store only the last five prices we got from I

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1 believe it's First Data Bank. They're either blue
2 book or red book. I don't remember which one.

3 For SUL we only stored the latest two
4 prices we got.

5 We updated that file monthly. At present
6 the file is about two years out of date. We haven't
7 updated it for two years.

8 BY MR. LITOW:

9 Q. What other pricing basis are included in
10 the file?

11 You mentioned AWP and I think you mentioned
12 SUL.

13 Are there others included in that file?

14 A. Those are the only two we used. There's
15 only those 2. AWP and SUL.

16 Q. Does the data that was produced include
17 physician administered drug in-service claims?

18 A. I don't know. I don't know how Medicaid
19 handled those. So I don't know.

20 Q. Is there a field on that that would --
21 I'm looking for a particular field IC-PROV-
22 NAME.

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1 Do you see that on there?

2 A. Exhibit Swenson 001, page 1. Looks like
3 it's about the middle of the page.

4 Q. Yes. I see it now.

5 I believe we've seen claims in those fields
6 containing the words h-o-s-p and c-l-i-n, referring
7 to a hospital and clinic.

8 Do you know if that's the case or if that
9 refers to drugs dispensed or refers to some type of
10 medical claim?

11 A. IC-PROV-NAME would be the provider name or
12 at least the first 12 characters of the provider name
13 we stored on a provider file.

14 Q. Do you know how medical claims data would
15 be stored?

16 A. We store it on 3480 cartridges.

17 Is that what you mean?

18 Q. I am referring to medical claims data
19 differentiating from pharmacy transactions. Now I'm
20 talking about drugs that are administered in a
21 physician's office.

22 The claims data for those transactions,

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1 **where would that be stored?**

2 A. We store all our claims data on what we
3 call ancient history tapes. They're produced on a
4 quarterly basis. They would contain the transaction
5 type 1, the inpatient; transaction type 2,
6 outpatient; transaction type 3, the drug claim;
7 transaction type 4, the EPSDT claims. They're all
8 stored together.

9 **Q. Did that data contain inpatient care**
10 **claims?**

11 A. Yes.

12 Not what I sent you. But our ancient
13 history tapes do.

14 **Q. Does the data also contain outpatient care**
15 **claims?**

16 A. Yes.

17 **Q. Is that on the data you sent us or**
18 **somewhere else?**

19 A. It's not on the data I sent you. It's on
20 our ancient history tapes.

21 **Q. Do those records contain the number of**
22 **units billed by the provider for drugs and services?**

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1 A. What I sent you does. Yes.

2 What I understand, either number of doses
3 or we sort quantity or day supply for drug claims. I
4 believe for provider type 37's we store doses.

5 Q. Do you know if drug rebate data was
6 included in the data that was produced?

7 A. No, it's not. It's not produced on this --
8 in that file.

9 Q. How is drug rebate data captured?

10 A. I can tell you the process.

11 On a quarterly basis we would receive a job
12 request and a tape from Medicaid. We would run it
13 against the quarterly drug claims and produce paper
14 reports and we would produce I believe it's a 3480
15 cartridge that had the drug rebate amounts on them.

16 But we didn't store any of that data.

17 We would take their data, run it against
18 ours, create a cartridge, send it back to Medicaid.

19 Q. The data would be stored by Medicaid; is
20 that correct?

21 A. Correct.

22 Q. Do you know if Medicaid stores that data

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1 **electronically or if it's on paper?**

2 A. I believe it's both.

3 But you'd have to check with them.

4 I know we produced paper reports and we
5 produced some type of electronic form. I believe it
6 was a 3480 cartridge.

7 **Q. Are you familiar with the entity Anthem?**

8 A. Yes.

9 **Q. Are you familiar with their particular role**
10 **with respect to Medicaid?**

11 A. Yes.

12 I'm trying to think. They were the fiscal
13 agent for Medicaid.

14 **Q. Do you know if the data that Defendants**
15 **received reflected any processing by a fiscal agent**
16 **such as Anthem?**

17 MS. BRECKENRIDGE: Objection.

18 If you understand --

19 I may object if I think the question is
20 vague. But if you understand the question, you can
21 answer it.

22 THE WITNESS: I think I understand it. I'm

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1 trying to think how to say it in English.

2 BY MR. LITOW:

3 Q. Let me ask a different way.

4 Is the data we received basically a direct
5 feed of information from the fiscal agent or did they
6 do some processing to it first?

7 A. I think they did some preliminary edits.
8 Their process -- they receive claims either on paper
9 or claims electronically.

10 The paper claims, they would receive them
11 in their mail room. They would put a claim number on
12 them and ship them off to an examiner to input them
13 into the system.

14 I don't think they did any processing there
15 except to make sure you could read the data, make
16 sure it was valid.

17 They would take it then and type it into
18 the system and the system would do all the pricing
19 and correct out any edit to that.

20 The electronic claims that they -- they had
21 a front end processor that again just checked for
22 valid data. Is this a valid provider number. Are

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1 these valid dates. Thing like that.

2 Then we would take that data from them. We
3 would run it through our pricing logic. They would
4 do some front end validation. They wouldn't change
5 it. They'd just make sure the data is valid.

6 Did that answer that?

7 **Q. I think so. Yes.**

8 **Refer back to Exhibit Swenson 001.**

9 **The document indicates there's certain**
10 **fields that are redefined.**

11 **For example, towards the bottom of page 1,**
12 **the IC-NDC-CODE talks about FILLER REDEFINES IC-NDC-**
13 **CODE.**

14 **Do you see that?**

15 **A. Yes, I do.**

16 **Q. What exactly does the term redefine mean in**
17 **this context?**

18 **A. We're redefining the name so we can**
19 **identify it as a different name.**

20 **It's the same piece of storage just**
21 **identified different ways.**

22 **So we -- again, it was a cost saving**

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1 measure. This was back in the days when there was
2 limited memory and limited computing power. When it
3 was first designed.

4 So programers would try and reuse as much
5 memory as possible.

6 Q. Looking at that Exhibit towards the middle
7 of page 1, Exhibit Swenson 001, IC-NDC-CODE, do you
8 see that?

9 A. Yes.

10 Q. Then a little bit below that says FILLER
11 REDEFINES IC-NDC-CODE, do you see that?

12 A. Yes, I do.

13 Q. Which definition is applicable to the data
14 that was produced?

15 A. I would use the IC-NDC-CODE.

16 The redefines IC-NDC-FIRST-8, at some point
17 we needed to know the first 8 characters of the code.
18 That's why that was done.

19 Q. Is there a way to recognize when in terms
20 of redefined which definition is applicable?

21 A. I did redo this kind of taking out all the
22 clutter. I took out the redefines -- I think I

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1 specifically took out that one. The NDC-FIRST-8 and
2 last three. It's applicable programming wise but not
3 say if you're just looking at the data.

4 I believe I took out the next two. IC-
5 PROCEDURE, IC-ACCOUNTING CENTER. Those specifically
6 applied only to non-drug claims.

7 Q. I refer you towards the middle of page 1 of
8 Exhibit Swenson 001. There's a 15 level IC-DRUG-
9 CODE.

10 Do you see that?

11 MS. BRECKENRIDGE: Exhibit Swenson 001?

12 MR. LITOW: Yes.

13 THE WITNESS: Right.

14 BY MR. LITOW:

15 Q. Then a little bit down from there it says
16 IC-PROCEDURE REDEFINES IC-DRUG-CODE.

17 Do you see that?

18 A. Yes, I do.

19 Q. Which definition is applicable to the data
20 produced with respect to those fields?

21 A. The first one. IC-DRUG-CODE.

22 Q. Then if you look down from towards the

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1 bottom of page 1 of Exhibit Swenson 001, it says IC-
2 ACCTG-CENTER REDEFINES IC-DRUG-CODE.

3 Do you see that?

4 A. Yes, I do.

5 Q. What does that mean?

6 A. I believe it stands for accounting center.
7 I think it's only for transaction type 1's,
8 inpatient.

9 Q. Would that be applicable to the data or
10 would it be the general IC-DRUG-CODE?

11 A. IC-DRUG-CODE would be the only one
12 applicable.

13 Maybe I can help you understand.

14 IC-DRUG-CODE is basically made up of two
15 fields. The first one, the IC-NEC-CODE, 11
16 characters, NDC number. And then the 20 level IC
17 unit dose one digit code.

18 Everything else is redefining that piece of
19 storage. Those 11 characters or those 12 characters.

20 Q. I refer you to the second page of Exhibit
21 Swenson 001 towards the middle of the page. There's
22 a 15 level code IC- --

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1 I'm sorry. It's a 20 level code. IC-DRUG-
2 QUANTITY.

3 Do you see that?

4 A. Yes I do.

5 Q. Below that there are two fields that
6 redefine it. One is IC-RVS-UNITS and the other is
7 IC-CARE-DURATION.

8 Do you see that?

9 A. Yes, I do.

10 Q. Which of these fields is applicable to the
11 data?

12 A. The IC-DRUG-QUANTITY. The other two are
13 just redefines either for inpatient or outpatient
14 claims.

15 Q. Is it generally the case whenever there's -
16 - there are a few other examples where a field is
17 redefining another field.

18 Is it generally the case that the field
19 that is being redefined is the applicable one? Or
20 are there cases where that's not the case?

21 A. In general that's probably not true. We'd
22 have to look at it case by case.

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1 Q. Towards the middle of page 2, Exhibit
2 Swenson 001, there's a 20 level IC-DAYS-SUPPLY.

3 Do you see that?

4 A. Yes, I do.

5 Q. Beneath that there's IC-DRUG-DOSES
6 REDEFINES IC-DAYS-SUPPLY.

7 Do you see that?

8 A. Yes, I do.

9 Q. Which of those fields is applicable to the
10 data?

11 A. Both of them.

12 I'd have to check in the program to verify
13 this. I believe IC-DAYS-SUPPLY applies to the
14 transaction type 28's.

15 The IC-DRUG-DOSES applies to the provider
16 type 28's.

17 The doses applies to the transaction type
18 or the provider type 37.

19 Q. Turning to page 3 of Exhibit Swenson 001
20 pretty much right in the middle, there's 15 level
21 code IC-CLAIM-NUMBER.

22 A. Yes.

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1 Q. Do you see that?

2 A. I see that.

3 Q. Just beneath that there's IC-CLAIM-NUMBER-R
4 REDEFINES IC-CLAIM-NUMBER.

5 Do you see those?

6 A. Yes, I do.

7 Q. Which field is applicable to the data?

8 A. IC-CLAIM-NUMBER.

9 Q. First one?

10 A. Right.

11 Second one is breaking down the claim
12 number and says the first digit would be the year or
13 decade it was made or actually received by Anthem.

14 The next three would be the Julian date of
15 the year it was received.

16 Then the last five would be the sequential
17 number, what the order it was received in.

18 Q. I would like to direct your attention now
19 to the first page of Exhibit Swenson 001. Within the
20 -- it's within the 05 level IC-SERVE-DATA.

21 Do you see that?

22 A. Yes, I do.

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1 Q. Within that there's a 20 level code for IC-
2 UNIT-DOSE.

3 Do you see that?

4 A. Yes, I do.

5 Q. What data does that field contain?

6 A. I don't know. It's the unit dose code we
7 got from the data from First Data Bank. I don't know
8 what it means.

9 Q. Do you know how that would differ from the
10 field which is on page 2 of Exhibit Swenson 001 under
11 15 level IC-DRUG-QUANTITY?

12 It's about towards the middle of the page.

13 A. No, I don't.

14 Although, quantity is a numeric value. The
15 other one is the alpha value. But I don't know.

16 Q. Turning to page 3 of Exhibit Swenson 002
17 within the 05 level IC-CONTROL-DATA there's a 15
18 level IC-ADJUST-CD.

19 Do you see that?

20 A. Yes, I do.

21 Q. Do you know what data that field contains?

22 A. Yes.

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1 **Q. What is it?**

2 A. Most -- if you see a value of the ampersand
3 that means it's an original claim. That was the
4 original entry of the claim.

5 If you see a value 1 through 9 that would
6 be a credit. That would be -- I can never get these
7 right.

8 Credit would all be negative. That should
9 be a take back.

10 The values A through Z would be a debit.
11 That would -- generally what we did on adjustments,
12 we would have an original claim. We would put a
13 credit transaction in to back that claim out and put
14 a debit claim in to repay it basically.

15 So the values A through Z are what they
16 call the debit. Although -- again, this was done
17 before I got there so I don't understand this
18 totally.

19 The values A through K are strictly debits.
20 Those would be hopefully a repay of a backed out
21 claim.

22 The values L through Z would be a zero pay.

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1 For some reason either other paid took care
2 of all the bill amount or what Medicaid would have
3 charged or for some reason might have included in
4 another procedure or something.

5 The A through K you should see a numeric
6 amount. The L through Z you should see a zero amount
7 in the SAMI paid.

8 There's some transactions you see at the
9 last 88 level IC history only adjustments.

10 Those type of transactions we would, they
11 would, run through the system so they got on ancient
12 history tapes.

13 But those wouldn't affect any of the dollar
14 amounts we paid the provider.

15 **Q. Directing your attention to a field under**
16 **the -- on page 2 -- actually, on page 3 of Exhibit**
17 **Swenson 001, under the 05 level is IC-CONTROL-DATA,**
18 **the 10 level is IC-PROGRAM-CONTROLS. And the field**
19 **I'm asking about is 15 level IC-APPROVAL-CD.**

20 Do you see that?

21 A. Yes, I do.

22 **Q. What data does that field contain?**

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1 A. That would be approval code. It would be
2 used to override certain edits. I don't know what
3 those edits are right offhand. I could research and
4 let you know.

5 **Q. The most common value we've seen in that**
6 **field is A. The letter A.**

7 **Do you know what that letter represents?**

8 A. No, I don't.

9 **Q. Do you know who would know?**

10 A. Someone at Medicaid should know. If I had
11 to answer this I would go to Candy Allen and ask her.
12 Or if Anthem was around I would call someone at
13 Anthem and ask them.

14 **Q. Would Anthem, would somebody at Anthem, be**
15 **familiar with these fields as well?**

16 A. They wouldn't be familiar with this record
17 layout. They would know what an approval code was.

18 **Q. A little bit down from the approval code**
19 **there's a 15 level IC-OVERRIDE.**

20 **Do you see that?**

21 A. Yes I do.

22 **Q. What data does that field contain?**

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1 A. That was used to override edits.

2 And from your write up I think you
3 mentioned 6's and 9's. 6's were used to override
4 stale date. And 9's were used to override other
5 insurance.

6 Q. I think it's two above that one, IC-SPEC-
7 HDLG.

8 Do you see that?

9 A. Yes, I do.

10 Q. What data does that field contain?

11 A. It's called special handling. I'm not sure
12 exactly what it is. Somehow related to other
13 insurance claims. I don't know.

14 Q. The values we see in that field are the
15 letters H, P and B.

16 Do you know what those letters represent?

17 A. No, I don't.

18 Q. Do you know who might have that
19 information?

20 A. Someone at Medicaid would know that.

21 Q. Just below that one, IC-SPEC-ACCT, do you
22 see that?

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1 A. Yes.

2 Q. What data does that field contain?

3 A. It's called IC Special Account.

4 I don't know -- without researching the
5 program, I don't know what that does. It would be
6 best to ask someone at Medicaid.

7 Q. Do you know who specifically at Medicaid
8 would have that kind of information?

9 A. I would ask Candy Allen. She would either
10 know or know who to ask.

11 Q. I would like you to refer back to page 1 of
12 Exhibit Swenson 001. Within the 05 level is IC-
13 PERSON-DATA and the one I'm asking about is it's a 15
14 level, IC-AID-1.

15 Do you see that?

16 A. Yes.

17 Q. What data would that field contain?

18 A. First digit of the aid code as determined
19 by the Welfare Division.

20 Q. Most common values we've seen there are 9,
21 1 and 4.

22 Do you know what those numbers represent?

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1 A. I did at one time. I'd have to guess at
2 them right now.

3 Q. I don't want to ask you to guess.

4 Somebody at Medicaid would know that or --

5 A. Yes. I would say Candy Allen.

6 Q. The one just beneath that is IC-AID-2.

7 Do you see that?

8 A. Yes.

9 Q. How is that field different from IC-AID-1?

10 A. It would be the second digit of the Aid
11 Code. There was like a 40 series. 01. A 90 series.
12 A 30 series.

13 Again, someone at Medicaid would have to
14 tell you what those mean.

15 Q. The one just below that is a 10 level code
16 IC-D-O.

17 Do you see that?

18 A. Yes, I do.

19 Q. What would be included in that field?

20 A. District office, Welfare office, this
21 person was assigned to.

22 Q. For example, we've seen the letter V in

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1 that, the letters R or Z.

2 Do you know what those letters represent?

3 A. V is Las Vegas. R is Reno. The others I'd
4 have to look up.

5 Q. Staying on page 1 of Exhibit Swenson 001,
6 we're within the 05 level, IC-PROVIDER-DATA, it's a
7 20 level code, IC-VEN-CD.

8 Do you see that?

9 A. Yes, I do.

10 Q. Do you know what data that field would
11 contain?

12 A. Provider-type code.

13 Q. I think we maybe asked about this earlier,
14 the 28, 33 and 37.

15 A. Yes.

16 And there's a whole bunch more for the non-
17 drug claims.

18 Q. What is type 33 again?

19 A. Durable medical.

20 Q. A little bit below that there's one that's
21 a 25 code, IC-VEN-CNTY.

22 Do you see that?

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1 A. Yes, I do.

2 **Q. What data does that contain?**

3 A. That's the county code of what the -- of
4 where the vendor either practices or resides. I'm
5 not sure which one.

6 That would be a two-digit numeric.

7 I can get you a list of what those stand
8 for. There's 17 counties in Nevada.

9 **Q. Most common is 02 and 16.**

10 **Do you know which counties these would**
11 **refer to?**

12 A. 02 is Las Vegas. 16 would be Washoe or
13 Clark County. 02 would be Clark County and 16 would
14 be Washoe County.

15 You may see a number 2 that is outside the
16 17. We ran out of numbers for Clark County. I
17 forget which one we used for them. May have been a
18 19. I could research and let you know. I don't
19 remember right off.

20 MR. LITOW: Can I take about a five-minute
21 break?

22 (Recess.)

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1 MR. LITOW: Back on the record, please.

2 BY MR. LITOW:

3 Q. I think you testified earlier the data
4 produced included provider type 28 which is pharmacy,
5 33 which is durable medical equipment and 37 which is
6 IV therapy; is that correct?

7 A. That's correct.

8 Q. What was on the IV therapy category? Could
9 you be more specific about what types of drug
10 administration would be included in that?

11 MS. BRECKENRIDGE: Objection.

12 THE WITNESS: I don't know. That's more of
13 a Medicaid question. They would have to answer that.

14 BY MR. LITOW:

15 Q. Is there a category such as a 28 or 33 or
16 37? Is there another category that would include
17 injectable drugs?

18 MS. BRECKENRIDGE: Objection.

19 THE WITNESS: I don't know.

20 BY MR. LITOW:

21 Q. Turn to page 3 of Exhibit Swenson 001.

22 Within the 05 level IC-CONTROL-DATA there's

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1 **a 15 level IC-TRANS-TYPE.**

2 **Do you see that?**

3 A. Yes, I do.

4 **Q. What data would that field contain?**

5 A. That was the transaction type. A 1 would
6 be inpatient claims. A 2 would be outpatient claims.
7 A 3 would be the drug claims. A 4 would be the EPSDT
8 claims.

9 **Q. The only value we've seen in that field is**
10 **3.**

11 **What would be mean?**

12 A. That's the drug claims. I selected all the
13 transaction type 3's.

14 **Q. A little bit below that there's a 15 level**
15 **code which is IC-DRUG-PEND-SW.**

16 **Do you see that?**

17 A. Yes, I do.

18 **Q. What data would that field contain?**

19 A. Periodically we would pend drugs. Mostly
20 it was for fiscal consideration. Usually the last
21 month of the fiscal year. They would hold up payment
22 of claims until the next fiscal year.

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1 So -- but there could be -- there were
2 other reasons we pended claims, too. I can't
3 remember all of those.

4 So what we would do is send a claim through
5 the system, put I believe it's an X there and say,
6 okay, we have pended this claim.

7 And we would also put a value down in the
8 field. It's an error message field. I believe it's
9 a little further down. IC-MESSAGE. That's close to
10 the bottom of page 3 on Exhibit Swenson 001.

11 We would report to the provider we have
12 pended this claim and then when we released the pend
13 then we would actually pay the claim.

14 **Q. Turning your attention to page 4 of**
15 **Exhibit Swenson 001, there's an 05 code which is**
16 **IC-FED-SHARE-PAID-SW.**

17 **Do you see that?**

18 A. Yes, I do.

19 **Q. What data does that field contain?**

20 A. I think how to explain this in English, it
21 used to be all the State money, and Medicaid would
22 have to verify this, all the State money was placed

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1 in Medicaid budget.

2 But then at one legislative session they
3 decided we're going to put some of the money in
4 Mental Health, some of it in Child and Family
5 Services.

6 So when we wrote a check to those providers
7 we had to pay them only the Fed's share. Because the
8 State's share was already in their budget.

9 We used this to indicate this was a payment
10 to one of those agencies that had State money.

11 **Q. How would that field be different from the**
12 **field which is a little bit below it, IC-FED-SHARE?**

13 A. The Fed share, I think we calculated this
14 for every claim.

15 Again, I don't remember all this
16 particularly. But seems like that we would calculate
17 here's -- we have the SAMI amount paid and here's
18 what the Fed's share should be.

19 We would have a record of both. This is
20 going to be numeric value and most likely it's about
21 half the SAMI amount.

22 **Q. Going back to that one we talked about**

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1 before, the IC-FED-SHARE-PAID-SW, the only value
2 we've seen there is T.

3 Do you know what that letter represents?

4 A. Again, I'd have to research it to be
5 totally sure but it should be those claims that were
6 for strictly the ones that had their State money in
7 their budgets.

8 I think they were Mental Health and Child
9 and Family Services. But there could be more.

10 Q. Staying on page 4 of Exhibit Swenson 001,
11 the third field from the bottom which is IC-MHMR-
12 DCFS-SW, do you see that?

13 A. Yes, I do.

14 Q. What data would that field contain?

15 A. It would contain an identifier, whether
16 it's Mental Health or Mental Retardation or Child and
17 Family Services.

18 I'd have to go through the provider field
19 to see which is which.

20 Q. I think the only value we have seen in that
21 field is the letter M.

22 Would that represent mental -- or do you

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1 know what that would represent?

2 A. No, I don't. I'd have to look it up.

3 Q. Going back to page 1 of Exhibit Swenson 001
4 within the 05 level IC-PROVIDER-DATA there's a 15
5 level code which is IC-PRE-PROV.

6 Do you see that?

7 A. What was that again?

8 Q. IC-PRE-PROV.

9 A. Yes.

10 Q. What data would that field contain?

11 A. I don't know. It's always an A, though.

12 Q. I was going to ask you what that letter
13 represents.

14 A. It was there when I took over the system.
15 I don't know why it's even there.

16 Q. Do you know who might know that?

17 A. No, I don't.

18 I could maybe research who wrote the
19 original program and see.

20 Q. A little bit down from that one there's a
21 10 level code which is IC-SPECIALTY-FACTOR.

22 Do you see that?

Ronald H. Swenson

January 5, 2006

Carson City, NV

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1 A. Yes.

2 Q. Do you know what data that field would
3 contain?

4 A. Not really.

5 I don't think we use it. Again, I don't
6 know the history of it why it's even there. I don't
7 think we use it.

8 Q. If I told you the only value we've seen
9 there is the number 1, would that --

10 A. That wouldn't mean anything.

11 Q. Just below that there's one IC-GEOG-FACTOR.
12 Do you see that?

13 A. Yes.

14 Q. Do you know what data that field would
15 contain?

16 A. No, I don't.

17 I don't think we use that one either.

18 Q. The only value we've seen there is zero.
19 Do you know what that number would
20 represent?

21 A. No, I don't.

22 Q. Just below that one there's a field IC-PAY-